Access

Background

Access to timely, appropriate, high quality and regular health care and preventive health services is a key component of maintaining one's health. Good access to health care can be limited by financial, structural and personal barriers. Access to health care is impacted by location of and distance to health services, availability of transportation, the cost of obtaining the services, including the availability of insurance, the ability to understand and act upon information regarding services, the cultural competency of health care providers and a host of other characteristics of the system and its clients.

Health Equity Highlight: Rural Populations

In the 2008 *Plan for Improving Rural Health in Maine*, "every rural hospital, every rural provider and every rural community" was found to be at risk, and the current system was found to be unsustainable.[1]

The report also found that "Maine's rural residents are generally poorer, older, sicker and have more chronic illnesses, higher rates of substance abuse and mental illness, and greater access barriers than non-rural residents."[1]

- 61% of Maine residents live in rural areas.[3]
- As of 2011, 6% of all Maine residents live in a primary care health professional shortage area.[4]
- As of 2011, 15% of all Maine Residents live in a mental health professional shortage area.[4]
- As of 2011, 21% of all Maine residents live in a dental health professional shortage area.[4]

Maine's Health Professional Shortage Areas are primarily found in rural areas of the state.

Timely access is a key to managing illness, disease, and injury at stages when they are easier and less costly to treat.[2] A medical provider who establishes a regular and consistent relationship with a patient (often called a "medical home") can serve as a monitor and system guide, advising and referring patients so that their health issues can be treated promptly. A condition that is not treated or prevented can lead to expensive inpatient or emergency room admissions. Lack of insurance and the unavailability of providers who can serve the client are major barriers to timely treatment.[2]

The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) has designated some parts of the U.S. as Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Medically Underserved Populations (MUAs/MUPs).[5] An HPSA is characterized by having shortages of primary medical care, dental or mental health providers and may be based on geography (e.g. a county or service area), demography (e.g. low income population) or institutional capacity (e.g. presence of a comprehensive health center, federally qualified health center or other public facility). MUAs/MUPs are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population. Access in these areas is especially limited.[5]

Maine has a shortage of both primary care providers and dentists. There is an even greater shortage of health care specialists in rural areas throughout the state. For example, it is not atypical for a resident to have to drive 75 minutes one way for dental services or three hours one way for dialysis. Every county in Maine has some areas designated as "medically underserved" and the list of HPSAs for dentistry is much longer than the list for primary care providers.[5]

The Public Health Response

Public health efforts to extend and protect access to usual primary care providers (medical homes) support healthy lives.[2] Investment in electronic medical records (EMR), as suggested by the Centers for Disease Control and HRSA,[6,7] leads to better coordination of care and timely treatment.[8] Extending the reach of the healthcare system with the use of telehealth services[9] and allied health professionals (such as nurse practitioners and physician assistants) can also reduce barriers to access.

Maine is improving public access to health care providers through several programs:

- Office of Rural Health and Primary Care recruitment and retention
- Office of MaineCare CHIP (Child Health Insurance Program) Medicaid expansion
- Maine Health Access Foundation grant programs to improve access
- Eastern Maine Medical Center's telehealth program
- Maine Medical Center's patient navigator program

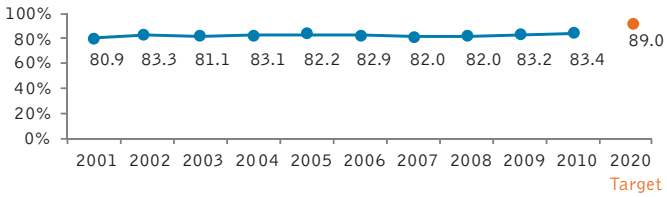
HM2020 Objectives

1. Increase the proportion of persons with a usual primary care provider

Primary care providers can help provide continuity of care, assurance of preventive care, better screening rates, guidance on healthy behaviors, and better care management for those with chronic conditions. Health c0are reform may offer an opportunity to increase the percentage of adults with a primary care provider.

The proportion of Mainers with a usual primary care provider has remained stable at about 82% over the last ten years. The *Healthy Maine 2020* target is 89%.

Proportion of 18+ Year-old Who Have One Person They Think of as Their Personal Doctor or Healthcare Provider, Maine, 2001-2010



Source: Behavioral Risk Factor Surveillance System

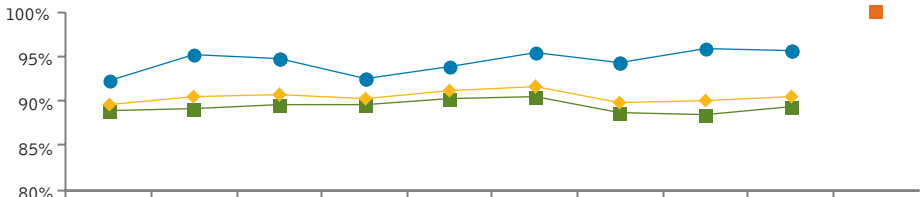
2. Increase the proportion of people of all ages with health insurance.

Those without medical and dental insurance are more likely to forego preventive and acute care and are less likely to adequately manage their chronic diseases. They are more likely to use emergency rooms for health care needs and to delay care. The lack of care or delays in care can result in more extensive and expensive treatment for conditions that would have been easier and less costly to treat earlier. People with any insurance are more likely to seek needed health care, including dental services. Many health insurance policies are employment-based, so self-employed and non-working adults are more likely to lack insurance. Health care reform may offer an opportunity to increase the percentage of people with medical insurance, but does not include dental insurance. State and federal budget restraints as well as a poor economic outlook could threaten the availability of both public and private insurance.

The proportion of Mainers with insurance has remained stable at around 90% over the last ten years. The Healthy Maine (and the Healthy People 2020) goal is to achieve complete coverage by 2020, at which time the nationwide health insurance mandate will have been in place for six years.

The proportion of people with dental insurance is significantly lower than the proportion with medical insurance. Most dental policies are limited by caps in the total amounts of expenses that they cover, so although people may have coverage for preventive and some restorative care, that coverage may not be sufficient for more extensive

Proportion of Adults 18+ and Children 17 or Younger with Health Insurance, Maine, 2002-2010



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2020 Target
Percent children insured	92.3%	95.3%	94.8%	92.6%	93.8%	95.5%	94.4%	96.0%	95.6%	100.0%
Percent adults insured	88.9%	89.0%	89.5%	89.6%	90.4%	90.4%	88.6%	88.4%	89.3%	100.0%
Percent all ages insured	89.6%	90.4%	90.7%	90.2%	91.1%	91.5%	89.8%	90.0%	90.6%	100.2%

Source: US Census-Current Population Survey

procedures. In addition, Medicare does not include a dental benefit, so retired adults are more likely to lack coverage for oral health care. Data for dental insurance rates are less available than for medical insurance. Currently only data for adults is available.

2a. Increase proportion of children 17 years or less with health insurance.

The proportion of Maine children (aged 17 years or less) with insurance has remained stable at around 94% over the last ten years; the Healthy Maine 2020 goal is 100%.

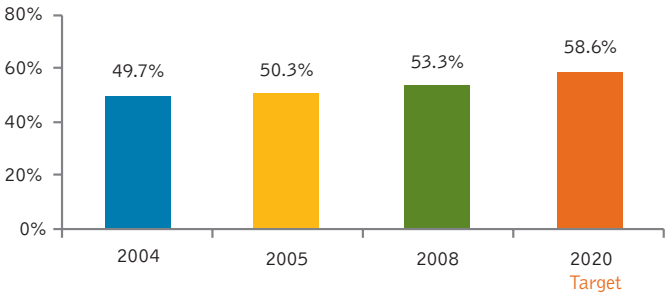
2b. Increase proportion of adults 18+ with health insurance.

The proportion of Maine adults (over 18) with insurance has remained stable at around 89% over the last ten years; the Healthy Maine 2020 goal is 100%.

2c. Increase proportion of adults 18+ with dental insurance.

The proportion of Maine adults (over 18) with dental insurance has shown some improvement over the last ten years. Since Health Care Reform does not include dental insurance, full coverage is not expected in the next decade. The Healthy Maine 2020 goal is 58.6%.

Proportion of Adults 18+ Years Old That Have Dental Insurance
Maine, 2004, 2005, 2008



Source: Behavioral Risk Factor Surveillance System

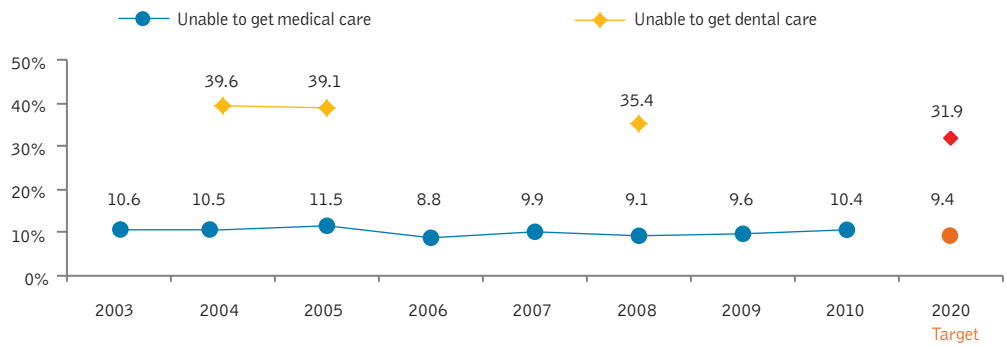
3. Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care or dental care.

People who forego medical care, dental care and prescriptions are less likely to get early (and less costly) treatment, and to adequately manage their chronic diseases. They are more likely to have poor health outcomes.

The proportion of Mainers unable to get the medical care they needed has remained stable at around 10% over the last ten years; the Healthy Maine 2020 goal is to reduce that to 9.4%.

The data for dental care has only been available sporadically, but still consistently shows that the proportion of Maine people unable to get needed dental care is much higher than that for other

Proportion of Adults 18+ Years-Olds Who Needed to See a Dentist or Physician in the Past 12 Months, but Could Not Because of Cost, Maine, 2003-2010



Source: Behavioral Risk Factor Surveillance System

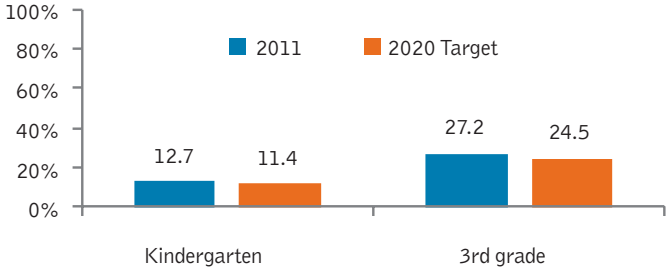
health care. Over one third of the population reported having been unable to get needed dental care due to the cost in 2008, the last year this data was collected. This data will be collected again in 2012. The Healthy Maine 2020 goal is to reduce that to 31.9%.

4. Reduce the proportion of children who have dental caries experience in their primary or permanent teeth.

Dental caries is the disease process that causes tooth decay (cavities). Lack of or late treatment of dental caries in children's primary and permanent teeth indicates a risk for poor oral health that may continue throughout their lifetimes. Poor oral health can have other health effects and an impact on economic status and quality of life.

In 2011, 12.7% of Maine kindergarteners and 27.2% of 3rd graders had dental caries in their primary or permanent teeth. The Healthy Maine 2020 goal is to reduce those numbers to 11.4% and 24.5%, respectively.

Proportion of Children Who Have Dental Caries Experience in Their Primary or Permanent Teeth, Maine, 2011



Source: Maine Integrated Health Youth Survey

5. Increase the number of community-based organizations providing population-based primary prevention services.

Access to population-based primary prevention in key health areas can reduce injury and disease, save health care costs, and reach those without access to health care. A community-based approach to health promotion and prevention compliments efforts to increase health care access.

Current reports show that prevention activities are happening across Maine, in all areas of concern. Until additional data sources are developed to allow for more detailed information on the access to primary prevention resources, it is important to ensure that the current level of coverage is maintained through 2020.

Methodology notes

1. Increase the proportion of persons with a usual primary care provider

Measure: The percentage of those 18 years and older who have one person they think of as their personal doctor or healthcare provider.

Numerator: The number of respondents who answer yes to "Do you have one person you think of as your personal doctor or health care provider?"

Denominator: The number of respondents who answer yes, no, or have more than one response to the question.

Data source: Behavioral Risk Factor Surveillance System (BRFSS).

Target-setting method: 10% improvement.

Other notes: Data are weighted and therefore the numerator and denominator not shown in the charts. Respondents who gave more than one response to the question were counted as a "no."

2. Increase the proportion of people of all ages with health insurance

SUB-OBJECTIVES:

2a. Increase proportion of children aged 17 years or less with health insurance.

Measure: Percent of children aged 17 years or less with health insurance.

Numerator: Number of children aged 17 or less with health insurance.

Denominator: The population of all children aged 17 or less.

Data source: Current Population Survey from the US Census.

2b. Increase proportion of adults aged 18+ with health insurance.

Measure: Percent of people aged 18 years and older with health insurance.

Numerator: Number of people aged 18 and older with health insurance.

Denominator: The population of all people aged 18 and older.

Data source: Current Population Survey from the US Census.

2c. Increase proportion of adults aged 18+ with dental insurance.

Measure: Percent of people aged 18 years and older with dental insurance.

Numerator: Number of people aged 18 and older with dental insurance.

Denominator: The population of all people aged 18 and older.

Data Source: BRFSS

Target-setting method: Selected based on the Healthy People 2020 target (total coverage).

Other notes: This is the same measure and data source as Healthy People 2020.

3. Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care, dental care or prescription medicines

SUB-OBJECTIVES:

3a. Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care.

Measure: The percentage of 18+ year olds who needed to see a doctor in the past 12 months, but could not because of cost.

Numerator: The number of respondents who answered yes to "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?"

Denominator: The number of respondents who answered yes or no to the question. If a respondent gave more than one response to the question, the response was classified as "no."

3b. Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary dental care.

Measure: The percentage of those 18 years or older who did not visit a dentist or dental clinic in the past year and cite cost as the reason.

Numerator: Number of respondents who answer "yes" to "Do you have any kind of insurance coverage that pays for routine dental care."

Denominator: Number of respondents who answer yes or no to the question.

Target-setting method: 10% improvement.

Other notes: Data are weighted, and therefore the numerator and denominator not shown in the charts. The Dental care sub-objective is developmental since it has not been consistently asked in the BRFSS survey.

4. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

SUB-OBJECTIVES:

4a. Reduce the proportion of children aged 5 to 7 years with dental caries experience in their primary teeth.

Measure: Percentage of kindergarteners with dental caries experience in their primary teeth.

Numerator: The number of kindergarteners screened who had dental caries experience.

Denominator: The total number of kindergarteners screened.

4b. Reduce the proportion of children aged 7 to 9 years with dental caries experience in their primary and permanent teeth.

Measure: Percentage of 3rd graders with dental caries experience in their primary or permanent teeth.

Numerator: the number of third graders screened who had dental caries experience.

Denominator: the total number of third graders screened.

Data source: The data is from the Maine Integrated Youth Health Survey (MIYHS). Although the survey was completed in 2011, the most recent data available is currently 2009. Healthy People 2020 has a similar measure from the National Survey of Children Health, but the age ranges are slightly different: children ages 3-5 and children 6-9. This survey is done via home visits, as opposed to the school-based screening of the MIYHS.

Target-setting method: 10% improvement.

5. Increase the number of community-based organizations providing population-based primary prevention services.

Measure: The percentage % of DCCs reporting activity in each of 9 areas.

Numerator: The number of topic areas in which DCC's report primary prevention activity, by DCC.

Denominator: 9 topics areas multiplied by (8 DCCs + 1 tribal district) = 81.

Data Source: The data is from an annual survey of DLs, DCCs and Tribal Liaisons. NACCHO has identified 9 primary prevention topic areas: Injury, unintended pregnancy, chronic disease programs, nutrition, physical activity, violence, tobacco, substance abuse, and mental illness. DCCs were asked to report any activity that they were aware of (regardless of funding source in each of these areas). Activity reported by any one DCC member counted as activity in that District. The data did not indicate whether the activity was occurring district-wide, or for all populations. It also does not measure the effectiveness of those activities.

Target-setting method: The target was set as total coverage, all topics areas in all districts.

Other notes: This is the same objective as a Healthy People objective, but uses a different data source, since the HP 2020 objective uses a NACCHO survey that also includes the Local Public Health Departments, but does not collect from the variety of stakeholders (DCC members) included in the Maine survey.

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